PLEASE TELL US ABOUT YOURSELF.

(SMOKERS AGE 21 AND OVER)

☐ Mr. ☐ Ms. ☐ Mrs. (Check one.) First M.I. Last ☐ Male ☐ Female

Address (Street Address) (Apt. #)

Address

City State ZIP

Phone Today's Date (Required) Month Day 19 Year

By responding to this survey and signing below, I certify that I am a smoker 21 years of age or older. I am also willing to receive cigarette coupons and branded incentive items in the mail subject to applicable state and federal law.

Signature (Required) X Date of Birth (Required) Month Day 19 Year

1. What is your regular brand of cigarettes – that is, the brand you smoke most often?
(Brand Name)

2. Is your regular brand...? (Check one.)
☐ Regular/King Size ☐ 100's ☐ 120's

3. Is your regular brand...? (Check one.)
☐ Menthol ☐ Non-Menthol

4. Is your regular brand...? (Check one.)
☐ Lowest/1mg Tar ☐ Light/Mild ☐ Full Flavor
☐ Ultra/Extra Low Tar ☐ Medium

5. Please list all the brands of cigarettes you smoked at least one pack of in the past two weeks. How many packs did you smoke of each brand? (Use as many lines as you need. Write in exact number of packs for each brand below. Note: 1 carton=10 packs.)
(Brand Name) (Number of Packs)

6. Do you usually buy it by the...? (Check one.)
☐ Pack ☐ Carton ☐ Both Ways

7. Where do you usually buy your cigarettes? (Check one.)
☐ Supermarket Chain ☐ Drug Store/Pharmacy
☐ Neighborhood Grocery ☐ Discount Store
☐ Convenience/Gas

8. If your regular brand were not available, which of the following brands would you consider buying? (Check all that apply.)
☐ Basic ☐ GPC ☐ Newport ☐ Virginia Slims ☐ None
☐ B&H ☐ Kool ☐ Parliament ☐ Winston ☐ Other
☐ Camel ☐ Marlboro ☐ Salem ☐ Store Brand/ _____
☐ Doral ☐ Merit ☐ Vantage Generic (Brand Name)

9. How long have you smoked this (your regular) brand?
☐ Less than 1 year ☐ 2 to 3 years ☐ Over 5 years
☐ 1 to 2 years ☐ 3 to 5 years

10. What, if any, was your previous brand? (If no previous brand, write in "none.")
(Brand Name)

11. Which of the following best describes you? (Check one.)
☐ White ☐ Hispanic
☐ African-American ☐ Native American
☐ Asian ☐ Other

12. **Do you have any friends who smoke, or other smokers in your household, 21 years of age or older** who would like to receive cigarette coupons and branded incentive items in the mail? Please print their full names and phone numbers with area codes. (We will personally assure you that no name will be sold, and we will not permit the use of a name by any company that is not affiliated with Philip Morris.)

First Name M.I. Last Name ( ) Phone

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